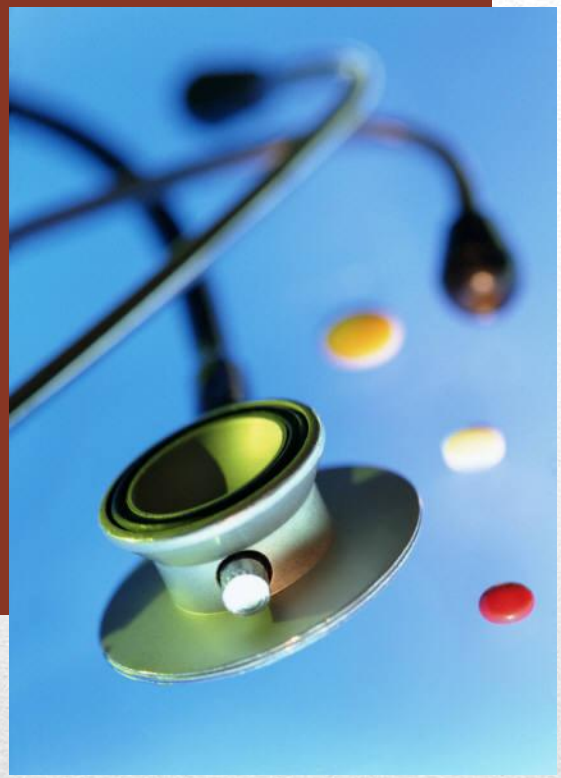


“And Now, a Word About Peer Review”

Peer Review vs Performance Improvement

- **ACS;**

Performance Improvement: "The process whereby an ***organization*** monitors, assesses and modifies the current level of performance in order to achieve better outcomes"

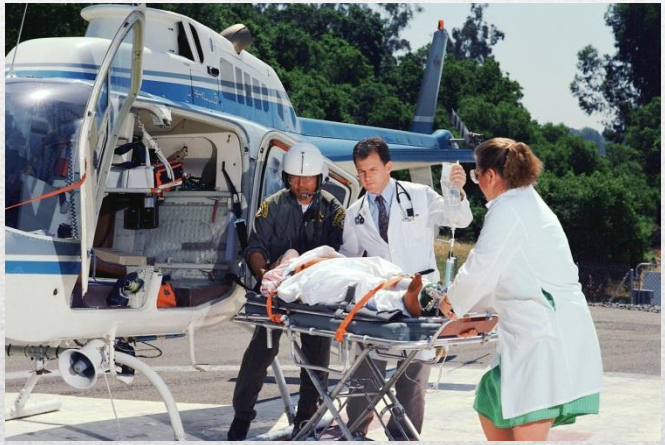
Medical Staff Trauma Peer Review; "The process whereby ****physicians*** evaluate the quality of work performed by their colleagues"

(*all medical providers in rural facilities)

DONE WELL;

Basic mechanism for quality care which *SHOULD* make it easier to fulfill responsibility and obligation to provide quality care to patients and result in;

- confidential process
- effective systems
- legal protection
- solutions to identified issues
- change behaviors,
- and improve patient outcomes!



Medical Provider Peer Review

Medical Provider Peer Review

DONE WELL;

Valuable learning opportunity to;

- Standardize practices
- Make knowledge more explicit
- Promote collegial learning
- Support medical staff in adjusting clinical guidelines to patients
- Reduce variance where possible

Medical Provider Peer Review

- Ideally and DONE WELL;

For purposes of continually improving patient safety and quality of care;

peer review participants should

- ✓ render objective case decisions
- ✓ in reference to best-practices, standards and evidence-based criteria
- ✓ based solely on medical facts
- ✓ while disregarding personal bias or feelings

Sounds so simple, doesn’t it?

A Tall Order

Requires medical providers to evaluate each other's response, appropriateness, clinical judgements, decisions, timeliness, care priorities, leadership, medical orders, actions and expertise.

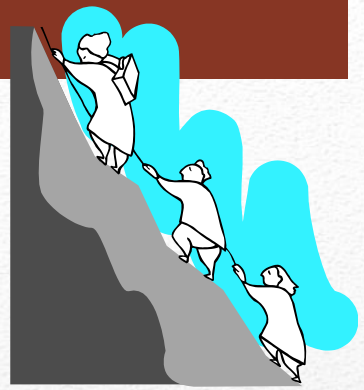
How well would any of us accomplish this?

Peer Review;

at best: Complex, Challenging, Achieves Improvement

at worst: Divisive, Combative, Ineffective

Keys to Peer Review



Monitoring/evaluating quality of care through Peer Review; a continual challenge

Requires change in traditional thinking, behaviors, roles and self-image of all involved

Not a process many embrace with great enthusiasm!

Culture where conducted essential to process:

Common beliefs, values, issues of trust, respect, collegiality, facility support, confidentiality,

spirit of meaningful change, professionalism.

Achieving improvement in patient care may mean changing the culture, too. There may already be a lot of “baggage”

- **Organizational learning** requires understanding of processes affecting patient care, teamwork & new medical practices

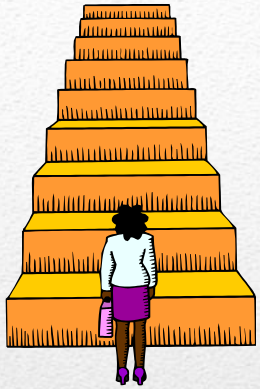
- If medical providers willing to “put themselves under the microscope”, facility MUST commit to support conclusions, implement system changes in timely fashion!

Premise important: educational process, not punitive process,

- No “blame & shame”
- Deal with SYSTEM issues
- “Detoxify Peer Review”

- **Save issues of provider behavior, cognitive problems, competency issues for another time and method!**

- **Effective Peer Review Takes time** to develop
- Become meaningful
- Some better than others
- A great PR leader is a true asset
- Acknowledge willingness to “put oneself out there”
- Actions implemented (or not!) by facility may a real difference in development of process



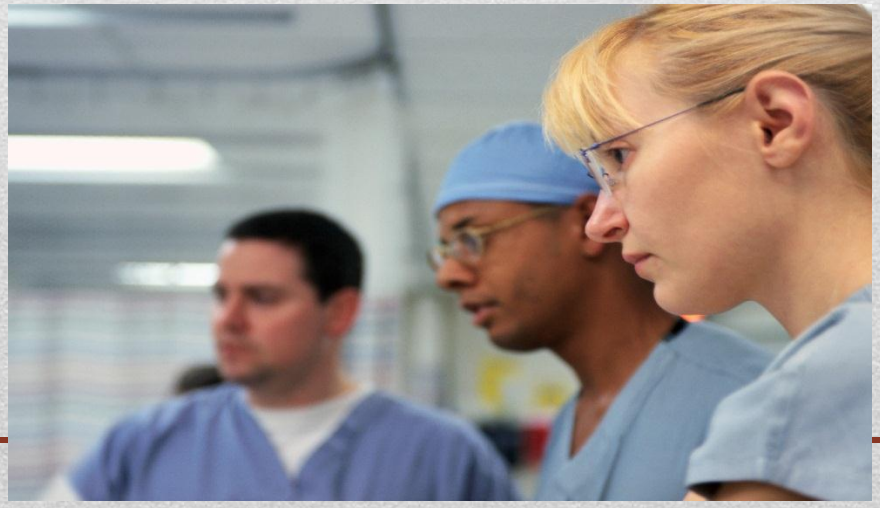
Effective Peer Review

Requires case “homework” to have been done;

- Necessary “data” available when pertinent
- Medical record & all components: studies, films etc.
- Primary review: TC
- Secondary review: TMD
- Tertiary Review: Multidisciplinary Trauma Committee
- Peer review: pertinent cases confidential, Medical providers PLUS TC

Barriers

- Lack of internal expertise
- Conflicting interests and recommendations
- Competition; competing practices, partners review partners
- Inadequate capacity for new technology
- Time; “Yet ANOTHER meeting”: may be @ end of MD Trauma Committee; excuse all others, TC to remain



Rural Issues & Constraints

- Smaller medical staff: 1 missing provider may result in no PR (or consensus)
- Review direct competitors or those who cover their time off
- Interpersonal dynamics, history
- Significant differences in resources between rural/urban can produce different diagnostic & therapeutic pathways

Rural Issues & Constraints

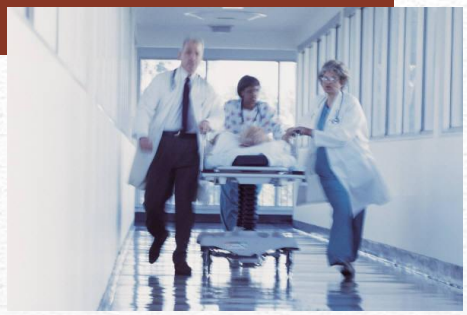
- Practitioners may render initial clinical case judgements based on less available information, so standards helpful
- Availability of “expert opinions”
- Conflicting conclusions/recommendations
- “Uneven” review: mid-levels, physicians “How do I review care for the physician who has oversight of my practice?”

"Best Practices for Peer Review"

Consistency and fair standard for reviewing cases: which cases should be reviewed?

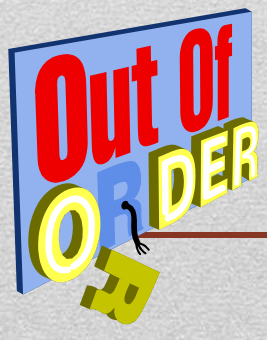
Define it up front;

- Deaths w/"preventability" determination
- Activations
- Transfers
- Clinical care issues and complications of seriously injured patients either admitted to the facility or transferred to a higher level of care



Timeliness of review essential ;

- Cannot affect meaningful change as time continues to pass and detail is forgotten
- Accuracy of events more dependent on record review than of those involved
- Delays & inattention result in apathy; “old news”
- **<u>Systems needing fixes continue unabated with potential for continued patient impact</u>**



Clearly define expectations to enhance atmosphere of accountability;

Establish processes “up front”;

- Provider-focused with participation of medical providers involved in trauma care
- Limit access to forum, but Trauma Coordinator must attend when trauma cases are reviewed/discussed

- What are we trying to accomplish?
- What format will we follow?
- Can we provide better care to the next similar patient?
- What, as Medical Staff, can we do to improve?
- Frank, open discussions drive process
- Objective, definable conclusions

Confidentiality Protection

- Documentation to be written carefully but include candid discussion (minutes vs. PI documents)
- Confidentiality protection is important to allow for frank discussion of issues with accurate documentation
- Include statement of confidentiality on PI documentation
- Use generic identifiers for the patient, providers, EMS agency, flight teams & other facilities
- If PI handouts used at meetings, collect and destroy at the end
- Keep PI documents locked in a secure area with limited access

- Balance; minority opinions are considered & documented
- Useful Action suggestions for better processes, techniques and methods to improve care

Regular monitoring of Peer review itself w/eye to improving IT

- Consider a “template” form to help guide the process for all

- **More LOOP CLOSURE; Did it work?**
  Was it effective? Are we making progress?

Peer Review "Pot holes"

- **Negative leadership**
- **Disciplinary instead of educational approach**
- **Confrontational**
- **No sense of urgency**
- **Inappropriate reviewer for a case**
- **Not establishing standards of review or professional behaviors**
- **Breaking confidentiality**
- **Too "exonerational"**
- **Not implementing system changes will KILL PR**

External Review

External case review may really help stalled process

- Establish policies, criteria for external review of cases;
- Doubt about case analysis
- Lack of internal consensus
- Need for second opinion or outside perspective
- New technology being used
- Lack of available internal specialty
- General or specific concern about outcome
- “Gnarly” or difficult cases

External Case Review

- Make sure entity reviewing has appropriate case expertise (trauma vs medical, pediatric vs geriatric, ortho vs gyn, etc.)

- **Provide for external review to be included as extension of INTERNAL PI for continued non-discoverability- consider policy language- consult risk management: “usual “protection” MAY be less certain if outside parties privy to PHI**

External Case Review

- Regional Trauma facility review
- Level I Trauma Center review
- Expert Physician review
- RTAC review
- Facilities agree to review each other's cases

Texas "Rural Physician Peer Review Process"

- "Virtual" peer review process initiated 2003
- Formed "network" of rural facilities affiliated with Rural & Community Health Institute (Texas A & M), incorporated further protection language into facility bylaws
- Secure web files for each facility
- Secure Telemedicine networks for meetings

Case Screening Criteria

- Unanticipated deaths
- Discharge AMA
- Delay in Dx/treatment
- Medical staff referral/any reason
- Patient complaints (validated)
- Unplanned return to ED
- Unplanned return to OR
- Documentation adequacy
- Risk management concerns

- All facilities signed MOU to address purpose, HIPPA& use of services
- Submit cases, then “blinded” for review by specific specialties
- Physician-moderator identifies case for review, presents brief summary & identifies reason for case submission, calls for open discussion
- “lively” discussion follows

- Participant consensus decision regarding outcome of the peer review:

  Care appropriate or not

  Standard of care breached or not

  Breaches classified as

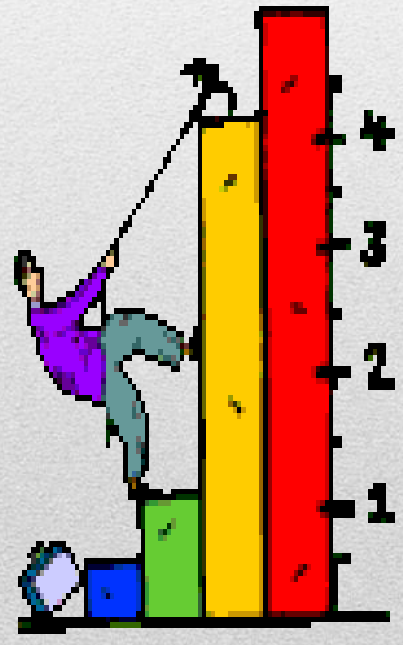
  Major: (substantial risk of potential patient harm)

  Minor: (recognizable departure, but unlikely to result in significant harm)

RN takes notes, transmits to physician-moderator, writes report posted on hospital & specialty folder within 1 week: participants may review & submit revisions. After 1 week, deleted from specialty folder but left in hospital folder

CME provided for attendance

- Majority of cases received acceptable standards of care
- Minor deviations in care: 18%
- Major deviations in care: 10%
- No determination due to insufficient information 8%

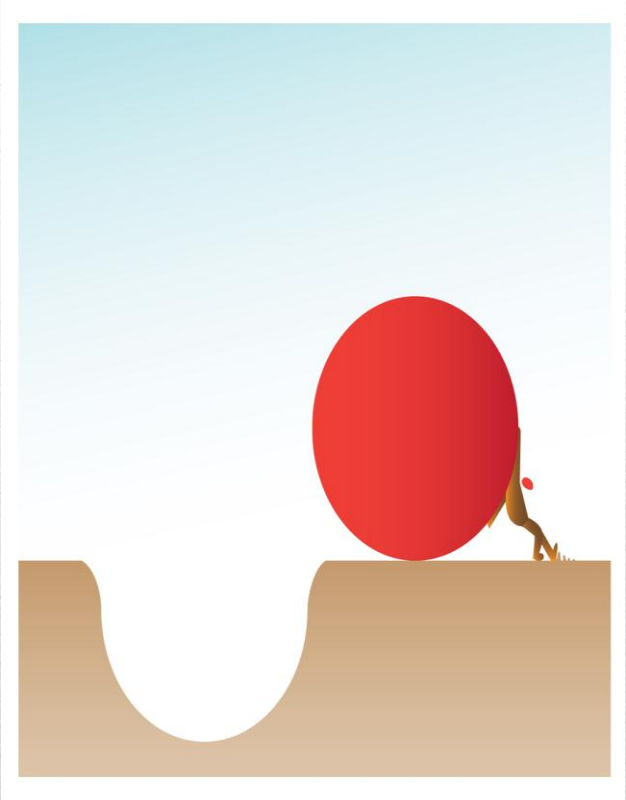


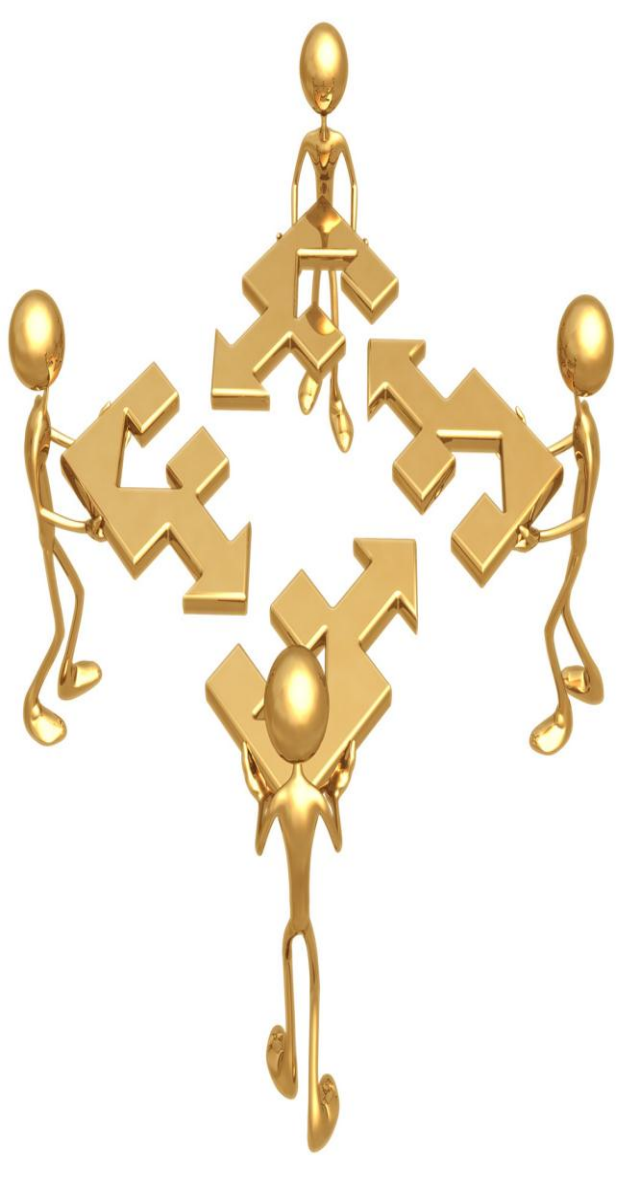
Benefits;

- Enhanced Peer Review capabilities for rural facilities and Medical Staff, CME awarded
- Increased participation and satisfaction of medical providers
- Educational approach
- Enhanced mechanisms for improving processes, dissemination of evidence-based practice guidelines & updated information clinical standards, criteria &”best practices” for quality if care

In Summary

- Difficult process, some providers better than others
- Takes time to “gel”; may need great patience
- Educational approach makes all the difference
- Put PR “best practices” in place up front





- Observe confidentiality, document carefully
- Make meaningful changes in timely manner
- Facility support essential
- External case review helpful
- CAN Improve accountability, quality of care
- **<u>Medical Providers must actually do this, not us</u>**